

MHL

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Kristina D. Brown</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
		B. Received by (Printed Name) <i>Kristina D. Brown</i>	C. Date of Delivery
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input type="checkbox"/> No            If YES, enter delivery address below:</p>	
<p><b>Illinois Department of Corrections</b>  <b>100 West Randolph, Suite 4-200</b>  <b>Chicago, IL 60601</b></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label)</p>		<p>7006 0100 0001 7313 6010</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

08cv 2548

**FILED**  
 5-21-2008  
 MAY 21 2008 YM

MICHAEL W. DOBBINS  
 CLERK, U.S. DISTRICT COURT